

## Research

### Blood Pressure Control and CVD Outcomes in Older Adults 2673

Appropriate treatment targets for systolic blood pressure (SBP) in older patients are uncertain. In an analysis of data from 2636 patients aged 75 years or older—a subgroup of participants in a multicenter randomized trial assessing the effects of intensive (<120 mm Hg) vs standard (<140 mm Hg) SBP targets on cardiovascular disease (CVD) outcomes—Williamson and colleagues found that treating to an SBP target of less than 120 mm Hg compared with less than 140 mm Hg resulted in significantly lower rates of fatal and non-fatal major cardiovascular events and death from any cause. In an Editorial, Chobanian discusses implications of the study findings for patient care.

Editorial 2669

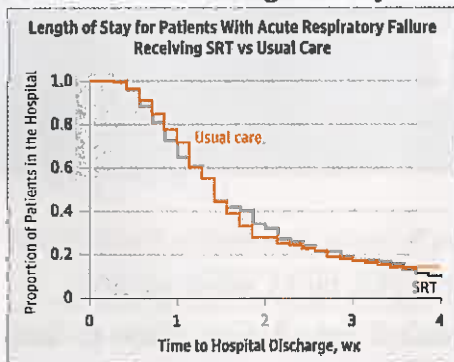
Author Video Interview [jama.com](http://jama.com) CME [jamanetworkcme.com](http://jamanetworkcme.com)

### Escitalopram, Mortality, and Hospitalization in Heart Failure 2683

Depression is common among patients with heart failure. Angermann and colleagues assessed whether treatment with escitalopram reduces mortality and morbidity and improves mood in a randomized trial involving 372 patients with heart failure with reduced ejection fraction and depression. The trial was stopped for futility. The authors report that during a median participation time of 18 months, treatment with escitalopram did not significantly reduce all-cause mortality or hospitalization and did not improve depression compared with placebo.

CME [jamanetworkcme.com](http://jamanetworkcme.com)

### Rehabilitation and Length of Stay in Acute Respiratory Failure 2694



In a randomized trial that enrolled 300 patients with acute respiratory failure requiring mechanical ventilation while in the intensive care unit (ICU), Morris and colleagues found that early delivery of a standardized multifaceted and intensive rehabilitation program—consisting of passive range of motion, physical therapy, and progressive resistance exercise—compared with usual care—initiation of physical therapy when ordered by the clinical team—did not reduce hospital

length of stay. In an Editorial, Goddard and Adhikari discuss complexities of ICU rehabilitation research and limitations of interventions to help patients recover after an ICU stay.

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Editor in Chief  
Howard Bauchner, MD

132 YEARS  
OF CONTINUOUS  
PUBLICATION

## Research (continued)

### Effect of a Primary Care Intervention on QOL After Sepsis 2703

In a clinical trial involving 291 patients who survived sepsis, Schmidt and colleagues compared mental health-related quality of life (QOL) among patients who were randomly assigned to usual care with those assigned to receive a primary care team-based intervention that included physician and patient training, case management, and decision support for physicians. The authors report the primary care intervention did not improve patients' mental health-related QOL assessed 6 months after intensive care unit discharge.

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## Clinical Review & Education

### Persistent Diarrhea 2712

Persistent diarrhea—diarrhea lasting 14 days or longer—is a common condition in all areas of the world. Based on results of a systematic review, DuPont presents an overview of the epidemiology, etiology, diagnosis, and management of persistent diarrhea in immunocompetent and otherwise healthy individuals, considering both infectious and noninfectious causes. The author highlights the importance of illness duration for developing a diarrhea evaluation plan. Clinical symptoms associated with different etiologies of persistent diarrhea are outlined, and the evidence relating to diagnosis and treatment is summarized.

Author Audio Interview [jama.com](http://jama.com) CME [jamanetworkcme.com](http://jamanetworkcme.com)

### Navigating the Costs of Dermatological Drugs 2724

An article in *JAMA Dermatology* reported that the price of prescription dermatologic drugs rose considerably between 2009 and 2015—greatly outpacing inflation, national health expenditure growth, and increases in physician reimbursement. In this From The JAMA Network article, Sarpatwari and Kesselheim discuss strategies to mitigate the effects of expensive drugs on patients and the health care system.

JAMA Patient Page 2746

### Urinalysis in the Evaluation of Hematuria 2726

This JAMA Diagnostic Test Interpretation article by Liu and colleagues presents a 65-year-old man who was found to have a trace level of hematuria on a dipstick urinalysis. The patient never used tobacco. Results of digital rectal and prostate-specific antigen examinations were normal. What would you do next?

## Online @ jama.com



### Editor's Audio Summary

Howard Bauchner, MD, summarizes and comments on this week's issue.

### The JAMA Forum

Insightful commentary on the political aspects of health care from leading health economists, health policy experts, and legal scholars

### Author Interview

**VIDEO** Interview with Jeff D. Williamson, MD, MHS, author of "Intensive vs Standard Blood Pressure Control and Cardiovascular Disease Outcomes in Adults Aged  $\geq 75$  Years: A Randomized Clinical Trial"

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